

Children's Dental Services

Preventive Services

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	
Cleanings	Х			2 x year		
Fluoride treatments (including fluoride varnishes)	Х			2 x year	When done by physician considred medical treatment	
Sealants (list any tooth-specific limits)	Х				15 years old and younger, More with medical necessity for children	
Space maintainers	Х				Primary teeth only, up to age 14, front teeth excluded	

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Diagnostic Services

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations						
	Х			2 x year		1 year
X-Rays						
Bitewing	Х			2 x year		
Full Mouth						
Panoramic						

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Treatment Services

	Is the service Covered?		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings						
Silver amalgam	Х				1 per tooth per year	
Tooth colored composite	Х				1 per tooth per year	
Crowns/tooth caps			-	-		
Stainless steel crowns	Х					
Metal (only) crowns		X			Through bicuspids only	
Metal/porcelain crowns		X			Through bicuspids only	
Porcelain (only) crowns		Х				
Root Canals (endodontics)	-		-			
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	Х					
Gum (periodontal) therapy						
		Х				

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	Is th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures						
Partial dentures		Х			Primary teeth excluded	
Complete dentures		Х				
Bridges			Х			
Orthodontics*	•					
Retainers (orthodontic)		Х			Only for orthodontia. Orthodontia limited to qualified recipients younger than 21	
Braces		×				Modified Salzmann Index with score of 40 or more
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment	X				Done as medical treatment	
Cancer treatment	X				Done as medical treatment	

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	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Treatment of fractures	Х				Done as medical treatment	
Biopsies	Х				Done as medical treatment	
Treatment of jaw joint problems (TMJ)						
	Х					
Emergency room services provided by a	dentist					
	Х					
Inpatient Hospital Services		-	-	-		
			Х		Done as medical treatment	
Anesthesia						
General anesthesia						
Intravenous conscious sedation						
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)						

^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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